

No. 2  
-8-15  
5-13-39  
1 \* 7823

FILED AUG 20 1946  
Registration District No. 30

Primary Registration District No. 4038

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Benton

(b) City or town Marsaw  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community 7 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton

(c) City or town Marsaw  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RONNIE RAY ASH

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8-2 day \_\_\_\_\_ year 1946 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8-2 to 8-2, 1946, that I last saw him alive on 8-2, 1946, and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 27 1946  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

Due to Cerebro-Spinal Meningitis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years \_\_\_\_\_ Months 7 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marsaw Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Widow

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Floyd F Ash

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Quigley

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Floyd F Ash

(b) Address Marsaw

17. (a) Burial (b) Date thereof 8/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burky Creek Chapel

18. (a) Signature of funeral director Jas. A. Logan

(b) Address Marsaw

19. (a) 8/4/46 (b) Jas. A. Logan  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W. H. H. H. (M. D. or other) \_\_\_\_\_

Address Marsaw Mo Date signed 8/3/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Cert. No. 1. 23th. Officer No. 76

Date Filed 7-46-821

Date Filed 8-14-46

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. Boser

Licensed Embalmer No. 4098

P. O. Address: Warsaw

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**